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PTO/SB/21 (08-03)

Approved for use through 08/30/03. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

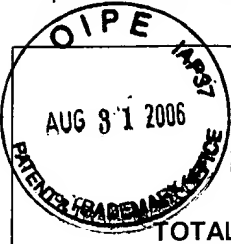
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/966,421	
	Filing Date	September 27, 2001	
	First Named Inventor	Syed F.A. Hossainy	
	Group Art Unit	3734	
	Examiner Name	Vi X. Nguyen	
Total Number of Pages in This Submission	23	Attorney Docket Number	50623.60

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ____ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response To Office Action (18 pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment Transmittal Letter	<input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE) (in duplicate) (2 pages)	<input type="checkbox"/> Statement of Common Ownership (1 page)
<input type="checkbox"/> Statement of Common Ownership	<input checked="" type="checkbox"/> Fee Transmittal (in duplicate) (2 pages)	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time (months) (page) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other:
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 citing ____ References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 721 156 020 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) ____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,826
Signature	
Date	August 31, 2006

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: August 31, 2006			
Typed or printed name	Yayoi Barrack		
Signature		Date	August 31, 2006



FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$1,240.00)

Complete if Known

Application Number	09/966,421
Filing Date	September 27, 2001
First Named Inventor	Syed F.A. Hossainy
Group Art Unit	3731
Examiner Name	Vi X. Nguyen
Attorney Docket Number	50623.60

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☒ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 07-1850

Deposit Account Name: Squire, Sanders & Dempsey

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:☐ Check ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/\$130	2051/\$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/\$50	2052/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
1251/\$120	2251/\$60	Extension for response within first month [†]	<input type="text"/>
116/\$450	2252/\$225	Extension for response within second month [†]	<input type="text"/>
1253/\$1,020	2253/\$510	Extension for response within third month [†]	<input type="text"/>
1254/\$1,590	2254/\$795	Extension for response within fourth month [†]	<input type="text"/>
1255/\$2,160	2255/\$1,080	Extension for response within fifth month [†]	<input type="text"/>
1401/\$500	2401/\$250	Notice of Appeal	<input type="text"/>
1453/\$1,500	2453/\$750	Petition to revive unintentionally abandoned Application	<input type="text"/>
1501/\$1,400	2501/\$700	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/\$800	2502/\$400	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>
1806/\$180	1806/\$180	Submission of Information Disclosure Statement	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/\$790	2809/\$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/\$790	2801/\$395	Request for Continued Examination (RCE)	790

Other fee (specify): Other fee (specify):

SUBTOTAL (3) (\$) 790

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1011/\$300	2011/\$150	Utility Filing	<input type="text"/>
1017/\$200	2017/\$100	Design Filing	<input type="text"/>
1014/\$300	2014/\$150	Reissue	<input type="text"/>
1005/\$200	2005/\$100	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$) 0

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
1202/\$50	2202/\$25	Claims in excess of 20
1201/\$200	2201/\$100	Independent claims in excess of 3
1203/\$360	2203/\$180	Multiple dependent claim

110/\$18 210/\$9 Reissue claims in excess of 20 and over original Patent

For	(Col. 1) No. of Existing Claims	(Col. 2) Highest No. Previously Paid For	(Col. 3) Extra**	Fee	Fee Due
TOTAL	54	20 or 45	9	\$50	\$450
INDEP	7	3 or 7	0	\$200	\$0
<input type="checkbox"/> First presentation of multiple dependent claim					0

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$) 450

SUBMITTED BY

Typed or Printed Name

Cameron K. Kerrigan

Complete (if applicable)

Reg. Number

44,826

Signature

Date

August 31, 2006